

**TOWN OF ARUNDEL
APPLICATION FOR SPECIAL AMUSEMENT PERMIT**

1. Applicant's Name: _____
Resident Address: _____ Home Phone _____
If less than 5 years list former addresses _____

2. Name of Business: _____ Bus. Phone _____
Business Address: _____ Tax Map. _____ Lot _____

3. Nature of Business: _____

4. Describe in detail the kind and nature of entertainment/ers proposed and hours/days of operation:

5. Describe the location or rooms to be used under this permit: _____

6. Has the applicant ever had a license to conduct business herein described, either denied or revoked?
YES ____ NO _____. If yes, describe circumstances _____

7. Has applicant including any partner or corporate officers ever been convicted of a felony?
YES ____ NO _____. If yes, please describe circumstances _____

8. Attach a copy of applicants current liquor license. Expiration date of current liquor license: _____

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments thereto and that all the information is true and complete. I authorize the Town of Arundel, through it's designated officials, to enter the property (including buildings and accessory structures) that is the subject of this application, at reasonable hours, to determine the accuracy of any information provided herein and to determine the state of compliance with conditions of the permit. I am aware that there are significant penalties for submitting false information, including the possibility of fines, imprisonment and revocation of license.

FEE OF \$50.00 (plus advertising + \$35.00) MUST ACCOMPANY THIS APPLICATION.

DATE: _____

Signature of Authorized Applicant

(Place Corporate Seal)

Name of Corporation
(If Corporation, Authorized officer)

=====

APPLICATION MUST BE SIGNED BY A MAJORITY OF THE MUNICIPAL OFFICERS

_____ DATE: _____